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## Original Communications.

### Adhesive Plaster successfully used in a Case of Fractured Femur, in maintaining extension and counter-extension.

By THOS. M. WOODSON, M. D.  
Of Sumner County, Tennessee.

On 13th August, 1858, I was called to see a little boy, aged two years and three months, who had just received a fracture of the left femur, by falling from a loaded wagon while in motion. It was simple, oblique, situated just above the middle of the bone. Remembering an apparatus described by Dr. David Gilbert, of Philadelphia, in the *American Journal of the Medical Sciences*, January, 1851, I decided on its use. A single long splint, with a movable block at the lower end, the upper with two holes for securing the counter-extending bands, was prepared. Adhesive strips were applied for extension of the leg below the knee; the counter-extending strips were then so applied as to cross each other at the inner and upper part of the thigh, close to the perineum, and again externally, before passing through the mortice holes. A piece of pasteboard was applied to the inner and anterior part of the thigh, the splint and pasteboard being well padded with carded cotton. Counter-extending strips were well secured to the leg above the ankle, and the limb brought to its proper length. Having no tourniquet, the extending strips were properly tightened and tied. A broad roller was applied around the pelvis and upper end of the splint, and the little patient placed upon a firm mattress. The apparatus was kept on five weeks, when union was complete. There was only very slight shortening. I do not think

any other plan would have done better as regards the shortening of the limb, and I am certain none could have been worn with equal comfort, as there was no excoriation or pain. The counter-extending strips became loose and required renewing once. This was caused by the patient urinating upon them, not being altogether manageable in that respect; otherwise they would have remained secure until the union was complete. In this case the adhesive plaster proved in every respect satisfactory, meeting all the advantages claimed by Dr. Gilbert,—the patient is more comfortable, the surgeon does not have to re-adjust the splints and bands to prevent the pain, abrasion, excoriation or sloughing, so much dreaded.

I am induced to report this case by seeing in the April No., 1859, *Amer. Jour. Med. Sciences*, another paper upon the same subject, by Dr. Gilbert, treating at length upon its use in all fractures of the lower extremities, which is very interesting.

#### Remarks by the Editors.

The use of adhesive strips in making extension in the treatment of fractured femur is decided by the best authorities on the subject to be the most efficient method, and it is now generally adopted in hospital and private practice in this country. European surgeons, too, have recently acknowledged its superiority.

The application of the same material to counter-extension is of later date, and its use has not become so general, yet we believe that the indications for it are similar and as apparent as for extension. Indeed, the use of it at the same time for both purposes is essential to one of the great advantages claimed—the permanence of the dressing.

A fallacious objection early urged against

the use of adhesive strips for *counter-extension*, was the obliquity of the tension; losing sight of the fact that the long axis of the shaft of the femur is itself oblique, corresponding nearly with the direction of the traction of the counter-extending strips, and not the same as the vertical axis of the body. When the feet are placed together, the femur inclines outwardly at an angle of from ten to fifteen degrees from the long axis of the body. This is caused by the wide separation of the acetabular cavities, and the peculiar direction inward, almost at a right angle, of the head of the thigh bone, throwing the upper end of its shaft outward, and the approximation again of both femora at the knees, bringing them near to the line of the centre of gravity of the body. The upper part of this diverging space between the femora, which is greater in the female than in the male, is rendered less apparent by being filled with the greatest portion of the mass of muscles of the thighs.

It has also been incorrectly asserted that extension or counter-extension, attempted by adhesion to the integument, would merely stretch the skin, leaving the relative position of the firmer structures beneath unchanged. The skin is, to a slight extent, movable on the fascia beneath, but beyond that no power likely to be applied will make it yield, and the real stretching of the skin, under any amount of power, when an extensive surface is covered by the strips, must be very slight. As the measurements of length, in the treatment of fractures, are between fixed bony points, it is easy to ascertain that the force has been transmitted to the bones, and the limb really lengthened.

Thus it is evident that we have a sufficiently firm surface from which counter-extension can be effected, and on which any amount of force necessary to overcome muscular contraction may be used, without causing pain or excoriation at the seats of its application. This is explained by Dr. Gilbert, to whom the profession is indebted for the originating of this method, in the following manner:

"The adhesive plaster counter-extending bands become firmly adherent to a large ex-

tent of integument, consequently there can be no friction upon its surface; and through this extensive union with the skin, *pressure is widely and evenly diffused*. In the use of any of the ordinary unattached counter-extending means, the extent of surface occupied at the seat of pressure does not exceed eight square inches; a fractional part only of which sustains its greatest intensity, viz: that which overlies the tuber ischii, the edge of its ascending ramus, and a narrow space of the body of the pubis. The extent of surface to which the adhesive plaster counter-extending bands are attached, on the other hand, amounts to about one hundred square inches, over all of which the tension and pressure are equally distributed. In the use of the former, all the tissues lying upon the points of bone mentioned, endure constant pressure, amounting often to constriction; in the use of the latter, through the elasticity of the skin, and the extensive distribution of the tractive power, pressure is slight and painless. In the use of the former, friction is produced continually by the movements of the body or limb; in the use of the latter, friction is impossible. The former glides over the surface, and acts as a ligature; the latter, being adherent, cannot act thus. The former does not fix the pelvis; the latter holds it firmly, and keeps all the parts steady from the chest to the foot. The former requires the daily attention of the surgeon, to relieve suffering and prevent abrasion; the latter requires no such attention, unless the bands lose their attachment, which ordinarily does not occur more than once during the whole period of treatment. In short, by the adhesive counter-extending bands pressure is completely neutralized, friction cannot occur so long as they remain adherent, perfect quietude of the fragments is maintained; the union, consequently, requires less time, and less attention from the surgeon, and the patient is entirely free from the annoyance and suffering inseparable from the ordinary methods, no matter how great the power used to overcome the muscular contractions, or how protracted the period required for union in complicated cases."—*Am. Jour. Med. Sciences*, April, 1859.

In the cases which have been at different times reported by Dr. Gilbert, "it is shown that the most seriously complicated, compound, and comminuted single and double fractures in adults, children and infants, were treated without pain at the seat of counter-extension; and that the cures were perfected in unusually short periods of time. In some of the cases, adhesive plaster bands were used instead of the common roller and many-tailed bandage, with great advantage. Although the anterior and posterior counter-extending bands are usually quite sufficient, yet any additional amount of adhesive plaster may be applied in order to diffuse the tractive force still more widely. The pelvis may be fixed by girding it with a broad horizontal band, from which any desirable amount of counter-extending power may be commanded, by strips extending from it anteriorly and posteriorly to the upper extremity of the splint. Thus the perineum, if any injury there should render it necessary, may be left free and unencumbered."

The case of double compound fracture, fully reported by Dr. Gilbert in the last number of the *American Journal of the Medical Sciences*, we had an opportunity of seeing, and considered it the best dressed double fracture we had ever witnessed, and the successful termination of the case, with complete restoration of both limbs, attests the efficiency of the dressing.

The general adoption of the plan of making both extension and counter extension from the surface by adhesive strips, will undoubtedly show better general results than the best surgeons acknowledge having been able to produce by any other means.

### On Tuberculosis and its Treatment.

No. 7.

By GEO. J. ZIEGLER, M. D.,

Physician to the Home for Invalids, with Diseases of the Chest, Philadelphia.

3. *Heat*.—Heat is an essential condition of life. The degree of temperature necessary for organic or vital action varies, however, according to the special character and peculiarities of

the organism. Nevertheless, it is in all cases more or less definite and fixed, and in relative proportion to the grade or intensity of vital action, this being either prevented or suspended by a temperature below or above certain points, and hence organization can only take place within specific thermometric limits. Within these limits, in general, a low temperature retards, while a high temperature promotes organic or life action, the vital energy and activity being mainly in proportion to the degree of heat. The relative proportion of heat required will, however, necessarily depend upon the class, type, special character, habits, functions, activity, and other peculiarities of the organism, as well as its more simple or complex nature. In man the degree of heat essential to healthy action ranges from  $96\frac{1}{2}^{\circ}$  to  $102^{\circ}$ , though it usually approximates  $100^{\circ}$ , and is somewhat uniform in all climates and seasons. Whenever, therefore, it passes beyond these limits, and either above or below the normal standard, derangement of various kinds and degrees, and even death itself may more or less rapidly ensue. It will thus be seen that heat performs very important functions in the living economy. In man, and the animal organism generally, it promotes the various organic and dynamic functions. These are thus defined by an eminent and philosophic physiologist\*: "Heat subserves two very important purposes in the animal economy: *First*. It is indispensable for the production of various protoplasmata out of the common plasma, and likewise for the evolution of forms; and *Secondly*, it develops mechanic power by being converted into the nerve motor-force through the medium of the nerve centres."† It will thus be seen that for the chemical, physical, and organic processes of vegetative life, physical, mechanical, and dynamical purposes of animal life, and probably also to some extent for the higher and more complex functions of psychical life, not only a definite quantity, but a comparatively high degree of heat is required.

The temperature requisite for the vital pur-

\* Jackson.

† Reese's Analysis of Physiology, 2d ed., p. 35.

poses is, in man and some other animals, after a certain degree of development, principally generated within the body, though it is always supplied more or less freely from without. Hence there are two great sources of heat for biological purposes, viz. the internal or organic, and the external or extraneous. The principal source of temperature within the body is undoubtedly due to the chemical changes going on therein, yet it is more than probable that much heat is also evolved by the mechanical processes and dynamical influences, as well as the more purely organic or vital operations of the economy. This idea does not seem extreme in view of the facts that heat is developed out of the body by mechanical and dynamical means, as well as chemical action, and that these are analogous to and correlative with those operative within the living organism. It is also sustained by the fact that physical, nervous, and mental excitement cause an increase, or a more or less rapid development of animal heat, which, though partly, cannot be considered as exclusively dependent upon chemical action. Again, it is still further confirmed in the diminution of temperature by the absence or withdrawal of nervous and psychical influence. The temperature of the animal economy is, therefore, mainly dependent upon various conditions, operative within itself, organic, chemical, mechanical, and dynamical. It may hence be increased or diminished in various ways; thus, by the quantity and character of the food, drink, and air, nervous and mental states, exercise or repose, clothing, exposure, etc. In addition to the internal sources of heat, there are, as before mentioned, others external to the system. The principal of these are the planetary, such as the sun and earth, and chemical action, the most important and useful of which is common combustion.

The capacity for the internal generation of heat differs in different species, according to their special character, functions, and peculiarities of organization. This capacity for generating heat varies, however, not only thus in different species, but also in different individuals of the same species, and in the same individual at different periods of time.

Thus in man, for instance, there is considerable diversity in this respect. This diversity is generally well marked, and is usually characterized by corresponding peculiarities of constitution indicative of the different grades of vital energy and capacity. Thus, all other things being equal, those who generate heat freely and abundantly, have, in the main, a higher grade of organization, and are correspondingly more predisposed to derangements of an acute, active, and sthenic character, while conversely, those endowed with a moderate capacity for the evolution of heat, are usually less vigorous and healthy, and have a proportionate tendency to affections of an adynamic, atrophic, and chronic nature. This natural capacity for the production of heat is, however, more or less influenced by the age, sex, period of the day and year, variations of external temperature and character of climate, habits and modes of living, degree of exercise, quantity and quality of aliment, air and drink, nervous, psychical, and other states, morbid conditions, etc.

The necessity of a due proportion of heat for the perfection of the vital processes, the development of the organism, the preservation of health, and the existence of life itself is therefore manifest. But the method whereby it is furnished is not so apparent, though as before stated, it is probable that it is principally due to the organic, chemical, mechanical and dynamical processes of the living economy itself. All other things being equal then, the quantity and the intensity of this heat is in proportion to the nature and rapidity of the chemical changes and molecular modifications, the mechanical processes and dynamical influences, and the character, functions, and activity of the entire organism. A due amount of heat or a definite temperature is therefore, a *sine qua non* for, as well as a result of healthy action, either organic, chemical, mechanical or dynamical. In a state of health then, the various processes of life are in the main, attended with the evolution of sufficient heat for the several special and general purposes of the economy, such as the transformation of alimentary matter, cell action, hæmatosis, assimilation, disintegration, innervation,



locomotion, etc. Whenever, however, the process of calorification is not sufficiently active, and the artificial sources for the extraneous supply of heat fail, or the temperature of the body becomes from any cause reduced below the normal standard, more or less disturbance of the economy, or even the total destruction of life itself may take place. The abnormal aberrations may be exhibited in various ways, such as for instance, in imperfect or depraved formative and retrogressive metamorphoses, deranged cell and molecular action, defective hæmotosis and histogenesis, and irregular, secretion, excretion, innervation, intellection, and other abnormities. Derangement of various kinds and degrees, or even death itself, may, however, result from an excess as well as a deficiency of heat. These derangements may also be exhibited in all parts of the system, the vegetative, animal, and psychical life inclusive.

Whenever, therefore, the economy becomes incapable of generating the requisite quantity of heat, or this cannot be sufficiently compensated for by that obtained from extraneous sources, and the temperature of the body is reduced for any length of time below the healthy standard, various forms of derangement, and especially of the nutritive and dynamic processes are apt to occur. Tuberculosis may be thus engendered, and tuberculous matter developed. It is, however, found that in this affection, the temperature is frequently above rather than below the normal standard. This is not, however general, and when it does occur, is rather a consequence of disease than of healthy action, as in reality, the normal molecular cell, and chemical actions which are the principal means for the development of heat in the economy, are in this disease in more or less abeyance, indeed the inertia or irregularity of these processes are among the active causes of the tuberculous affection. Besides both clinical observation and personal experience teach that in the main and *ab initio*, the temperature is rather below than above, or even up to the healthy standard. While, therefore, this modification of temperature is often an antecedent, it is also a conse-

quent of the general morbid condition. In general, then, in tuberculosis the organic temperature is rather below than even up to and much less frequently above the normal standard, the function of calorification being in greater or less abeyance. Nevertheless the tuberculous disease is often attended in the advanced condition especially, with frequent alternations and extreme diurnal variations of temperature, which are more particularly marked between the night and day, though they may occur at any period of the day. These extremes are frequently exhibited in the phenomena of hectic fever, though they may be connected with and even give origin to other forms of derangement. This hectic condition is, however, connected more or less intimately with the nervous system, and it may be that the frequent and extreme modifications of temperature, are due in some measure to the depressed condition or abnormal excitement of the dynamic apparatus than to the irregular chemical and molecular action, though it is necessarily more or less connected with the latter. This does not seem unreasonable in view of the influence which the nervous system exerts over the function of calorification and the production of heat.

Thus the temperature in phthisis is frequently modified and usually diminished, though, as before intimated, it is very variable and irregular, often alternating from a lower to a higher grade, with a tendency to a gradual and permanent decline, as in other and analogous conditions of starvation or general atrophy. This modification and variability of temperature is thus analogous to that which takes place in actual starvation, and hence, by so much strengthens the belief in the general similarity of the two conditions, though the one is a consequence of an insufficiency or absolute privation of aliment, while the other is mainly the result of inability to transform and assimilate it. This analogy between absolute starvation by the privation of food, and that from the inability on the part of the system to appropriate or organize it, which latter is the fundamental condition in phthisis, is made more apparent by the following, which we tran-

scribe in consequence of its practical bearing upon the point in question :

"Our knowledge of the dependence of all the vital processes in warm-blooded animals upon the heat of their bodies, and of the dependence of their calorifying power upon the due supply of material for the combusive process, has received some remarkable additions from the experiments of M. Chossat, upon starvation. He found that birds, when totally deprived of food and drinks, suffered a progressive, though slight, daily diminution of temperature. This diminution was not so much shown by a fall of their maximum heat, as by an increase in the diurnal variation, which he ascertained to occur even in the normal state. The average variation in the *in-anitiated* state was about  $6^{\circ}$  (instead of  $1\frac{1}{2}^{\circ}$ ), gradually increasing as the animal became weaker; moreover, the gradual rise of temperature, which should have taken place between midnight and noon, was retarded; whilst the fall subsequently to noon commenced much earlier than in the healthy state; so that the average of the whole day was lowered by about  $4\frac{1}{2}^{\circ}$  between the *first* and *penultimate* days of this condition. On the *last* day, the production of heat diminished very rapidly, and the thermometer fell from hour to hour until death supervened; the whole loss on that day being about  $25^{\circ}$  Fahr., making the total depression about  $29\frac{1}{2}^{\circ}$ . This depression appears, from the considerations to be presently stated, to be the *immediate* cause of death. On examining the amount of loss sustained by the different organs of the body, it was found that 93 per cent. of the *fat* had disappeared; being all in fact, which *could* be removed; whilst the nervous centres scarcely exhibited any diminution in weight. \* \* \* \* Whenever, therefore, the store of combustible matter in the system was exhausted, the *in-anitiated* animals died, by the cooling of their bodies, consequent upon the loss of calorifying power."\*

Now, as this modification and variability of temperature resulting from starvation is thus

shown to be analogous to that in tuberculosis, and the conditions of system appear to be somewhat similar in the two cases, it is highly important, nay absolutely necessary for the preservation of life and restoration of health, that the normal temperature should be restored. Hence, the due proportion of heat should be supplied, and be generated, if possible, by the organism itself, though in the event of its incompetency it must be obtained from without. Whenever, therefore, the organic processes and systemic energies become thus deranged, and the animal temperature irregular or diminished, it will be necessary to resort to the most efficient means to restore the vital equilibrium and normal temperature. For this purpose it will be necessary in the first place, to employ more freely and exclusively those articles of aliment which are most powerful in giving tone to the general system, and which most readily exalt and stimulate the process of calorification. Also, to promote the same by plenty of pure fresh air, suitable clothing, and judicious exercise, as it is better to keep up and restore, if possible, the vital energies and normal temperature by such hygienic means, than to trust too implicitly to extraneous influences. When these are not sufficient, resort may be had to the extraneous sources of artificial heat, the most general and convenient of which, in cold climates, is chemical action as in the ordinary process of combustion. If this does not suffice, it may be necessary to seek that of a planetary nature, by a residence in a warm climate.

The powerful influence which artificial heat exerts in supporting life when the supply from the natural sources fails, and in promoting the various processes of nutrition, secretion, innervation, muscular action, etc., is strikingly shown by the experiments of M. Chossat. And though the following in relation thereto is somewhat long, yet it is so pertinent to the subject under discussion, and of so much practical value in the present connection, that we prefer to transcribe it in full than attempt a mere general outline. It is proper to state, however, that these remarks are in continuation of the subject just alluded to in the pre-

\* Principles of Human Physiology, Carpenter, 5th Am. ed. p. 623.

ceeding quotation (*supra*). "When inanitated animals, whose death seemed impending (in several instances death actually took place, whilst the preliminary processes of weighing, the applications of the thermometer, etc., were being performed), were subjected to artificial heat, they were almost uniformly restored from a state of insensibility and want of muscular power to a condition of comparative activity; their temperature rose, their muscular power returned, they flew about the room and took food when it was presented to them; and if the artificial assistance was sufficiently prolonged, and they were not again subjected to the starving process, most of them recovered. If they were left to themselves too early, however, the digestive process was not performed, and they ultimately died. Up to the time when they began to take food, their weight continued to diminish; the secretions being renewed, under the influence of artificial heat, sometimes to a considerable amount. It was not until digestion had actually taken place (which, owing to the weakened functional power, was commonly many hours subsequently to the ingestion of the food), that the animal regained its power of generating heat; so that, if the external source of heat was withdrawn, the body at once cooled; and it was not until the quantity of food actually digested was sufficient to support the wants of the body, that its independent power of calorification returned. It is to be remembered that, in such cases, the resources of the body are on the point of being completely exhausted, when the attempt at re-animation is made; consequently it has nothing whatever to fall back upon; and the leaving it to itself at any time until fresh resources have been provided for it, is consequently as certain a cause of death as it would have been in the first instance. It can scarcely be questioned, from the similarity of the phenomena, that inanitation, with its consequent depression of temperature, is the immediate cause of death in various diseases of exhaustion; and it seems probable that there are many cases in which the depressing cause is of a temporary nature, and in which a judicious and timely applica-

tion of artificial heat might prolong life until it has passed off, just as artificial respiration is serviceable in cases of narcotic poisoning."<sup>1</sup>

If, therefore, the application of artificial heat is so powerful in modifying the evil effects consequent upon starvation, it is reasonable to infer that it would also prove very useful in all analogous conditions of depression, whether temporary or prolonged, and clinical experience furnishes much practical evidence in favor of this view. The importance of preserving the proper temperature of the body by artificial means where the natural fails, as in the case of partial or complete privation of food, as well as in all other adynamic and atrophic conditions, tuberculosis included, is thus exhibited in a remarkable manner. Hence, in phthisis every attention should be paid to the judicious supply of artificial heat in conjunction with proper alimentation, aeration, clothing, exercise, and everything else necessary to insure healthful calorification. This hygienic surveillance should be constant both day and night, and in the latter especially, as it is during this period of time that the usual diurnal variation of temperature reaches its minimum, and the thermometric depression is apt to be extended still further in consequence of the adynamic state incidental to the tuberculous disease. Thus it frequently occurs that this more extreme diurnal variation, and greater diminution of temperature during the night, not only increases existing derangements, but develops latent tendencies into active morbid conditions, and also gives rise to fresh complications. Hence the necessity for constant and intelligent care to guard, as far as possible, against all contingencies.

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Our Boston friends are subscribing liberally for the Agassiz Museum of Natural History. The *Transcript* of that city says that twenty-eight individuals gave \$1,000 each, nine gave \$2,000 each, and one gave \$5,000. Exclusive of the Gray fund of \$50,000, the subscriptions now exceed \$70,000.

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<sup>1</sup> Carpenter's Prin. of Human Physiology, 5th Am. edition, p. 624.

**Croton Oil in Anasarca.**

By J. R. McCLEURG, M. D.,

Of Philadelphia.

Having experienced considerable trouble during the past ten years in the treatment of some of those dropsical effusions, not only of the serous cavities, but of the external areolar tissue and the submucous structure, and knowing that other physicians generally have not been more successful in the treatment of this affection than myself, I hope something of therapeutical interest will not be entirely unacceptable. So far as my experience goes, *Croton oil* stands prominent and first upon the list of medical agents for the treatment of each and every case of acute or chronic dropsy; being a remedy entirely safe and efficient for youth or old age. The minuteness of the dose, the facility of its administration, the long interval between its required repetition, the certainty, ease, and rapidity with which the bowels are evacuated when properly given, its very decided effect upon the kidneys, as soon manifest by the increased quantity of urine, acting energetically upon the liver and promoting copious discharges of bile, exciting the peristaltic action, stimulating the absorbents and arousing them into healthy activity, and at the same time exerting a tonic influence upon the capillary system, are some of the reasons that have induced me to regard this medical agent with such favor. During the past year I have had excellent opportunities, in a number of interesting cases, to test the value of croton oil, and see from its use the most happy effect, and am entirely satisfied that the benefit derived from its use must be attributed more to its stimulating and tonic influence upon the secretory, the absorbent and the capillary systems than to its purgative properties. But let me give a single case connectively. In the spring of 1858, Miss M—— consulted me on account of a stiff and swollen condition of her feet and ankles, pitting under pressure toward evening, but the swelling quite disappearing before morning. She considered her health very good otherwise; and, indeed, after a close examination of her case, I was unable to find any organic disease, and

only a slight menstrual derangement. I recommended the bitartrate of potassa and the tincture of the sesqui-chloride of iron for her case, under which she appeared to improve. During the early part of summer, however, the dropsical effusion and tumefaction of the lower extremities became considerable, and being away from home a few months, she was treated by several irregular practitioners, but received no permanent benefit. In the latter part of summer she returned and again placed herself under my care. The anasarca was at this time general, and the lower extremities were enormously increased in bulk. There was considerable dyspnoea and gastric derangement. I treated her for some weeks, using in rotation all those medical agents usually recommended in such cases, viz: bleeding, cupping, calomel, squills and digitalis, the nitrate of potassa in large doses, jalap and cream of tartar, tartar emetic in large doses, scammony, gamboge, black hellebore, elaterium, iron and quinine, and iodine and its preparations, without any curative effect in the case. As the swelling was gradually increasing, the dyspnoea distressing, and the patient perfectly miserable, I resorted to cutaneous incisions, the curative effect of which I have witnessed in a number of cases. The incisions should always be made with a sharp lancet on the top of the feet, if at all practicable; and two on each foot, quite down to the fascia, and at least five-eighths of an inch in length, never making small punctures. The water flowed very freely for several days, very many quarts being removed, to the great relief of the patient, and for a time flattered us with a cure. But in a few days the incisions healed up, the dropsical effusion re-accumulated, and in a short time the patient was again bloated to an enormous extent. The dyspnoea was very great, and the patient was not able to lie down at all. Her condition was at this time truly distressing, and as I had already resorted to every other remedy likely to help the case, I concluded to give the croton oil a full trial. I gave her one drop every morning. The first dose or two produced nausea and vomiting of a large quantity of bilious matter, and operated three or



four times upon the bowels. On the third night she was able to lie in bed—her appetite was now good, and the swelling very fast disappearing. She continued to improve very rapidly, and on the *thirteenth day, after having taken only thirteen drops of the Croton oil*, she was entirely cured and remained so. Almost every dose of the oil produced slight nausea, but only the first two or three vomited the patient, and in no instance did it operate upon the bowels so severely as some of those drastic cathartics by which it was preceded. The perceptible change for the better commenced after the second dose of the oil, and the cure was most rapid and unexpected.

### Paralysis of the Uterus, from a Fall.

By J. M. STEVENSON, M. D.,

Of Adamsburg, Pa.

Mrs. B., aged 26, when six months pregnant with her fifth child, received a fall, striking her sacrum upon a projecting ledge of rock, producing momentary unconsciousness, and permanent paralysis of the right lower extremity. Under appropriate treatment, she so far recovered in four weeks, as to walk about her room. Her health remained impaired, and the limb partially helpless, until full term, when she fell in labor, April 10th, at 3 A. M. I saw her, in connection with Dr. Jas. H. Duff, April 13, at 5 P. M.; learned that her pains had occurred at regular intervals, and were severe during this period, yet there was no progress. She was pale, feeble and incapable of any exertion. Pulse, one hundred and forty-five, soft and regular. Sensation natural in the limb, whilst the nerves of motion were almost completely paralyzed. Her bowels had been moved during the day, by castor oil; had passed urine regularly. On examination, found the external parts relaxed, the vagina moist and dilatable, and the pelvis capacious. The mouth of the womb was tilted back toward the sacrum, as in ante-version, from which place no change in the woman's position would remove it. The cervix was thickened, indurated and firmly resistant, giving the sensation of an old cicatrix on its sacral wall. The dilatation would not admit the extremity of the finger. The expul-

sive efforts, although apparently powerful, were almost entirely abdominal, the uterus scarcely participating. Here was a solution of the difficulty—an unyielding cervix, with an indolent body and fundus. The womb acted under the spontaneous and independent contraction of its muscular fibres, but the important movement communicated by reflex action from the medulla spinalis, was wholly wanting. And why? As a rule, women advanced in pregnancy, receiving a severe injury in the pelvic region, suffer abortion. Mrs. B. did not abort, and probably because the cerebro-spinal nerves furnished by the sacral plexus, and distributed upon the uterus, were paralyzed by the injury. Doubtless, this paralysis still continues, and therefore the expulsive power of the womb is inadequate to overcome the resistance of the cervix.

Ergot is not admissible, for, should it induce action in the uterus, the cervix would evidently be lacerated, or the womb ruptured.

Bleeding, as Dr. Dewees recommends, to render an obdurate cicatrix dilatable, is not permissible, from the feeble condition of the patient. Forcible artificial dilatation and turning, would be of doubtful propriety, as with an inactive uterus, there would be no means of controlling post-partum hemorrhage.

Dry cups were applied over the sacrum, to stimulate the womb. The cervix was smeared with belladonna ointment, and a colpeurynter introduced into the vagina, was gradually expanded. In ten hours, the cervix yielded sufficiently to allow the head to pass; and, as the fœtus was small, the pelvis roomy, and the soft parts very yielding, the birth was terminated in a few moments, without the aid of instruments. The placenta being partially adherent, and hemorrhage coming on, it was immediately removed. The hand was then introduced within the uterus, and pressure made upon the bleeding surface; ice-cold water was injected into the rectum, and poured over the abdomen. By this means, the hemorrhage was held in check, and firm contraction finally obtained. The child was apparently in no way injured by the long-sustained pressure of the abdominal muscles. Mother and child are now doing well, April 18th.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

APRIL 6.

*Recent Specimen of Fracture of the Bones of the Leg.*—The patient from whom this specimen was taken, was brought to the hospital in a state of intoxication, with a fracture of both bones of the leg: the limb was very much swollen. It was impossible to reduce the fracture. The man died of mania-a-potu. Upon examining the limb the cause of the difficulty in attempting to reduce the fracture is evident. There is a comminuted fracture, and a fragment of the upper end of the tibia has been forced between the broken ends of the fibula, thus giving rise to a complete interlocking of fragments.

The appearances of the ends of the bone after recent fracture, the changes in the blood effused, and the deposit of lymph were pointed out.

*Pathological Specimen.*—Clot of blood pressing upon the brain. The size was about that of an orange. The patient was brought to the hospital in consequence, as his attendants asserted, of falling down in the street in a fit. At the time of admission he was laboring under marked symptoms of compression of the brain. He had the slow full pulse and stertorous breathing of apoplexy. The cause of these symptoms is exhibited in the specimen. There has been a fracture of the skull over the middle meningeal artery, which vessel was ruptured, giving rise to a large clot of blood, external to the dura mater, which by its pressure upon the cerebrum was the immediate cause of death.

The next patient introduced was one who had attempted to cut his throat in a drunken fit. The wound was near the median line, and involved only the skin and fascia. No large veins or arteries were divided. The edges had been brought together by sutures, and the wound seemed to be uniting by the first intention; but wounds of the neck, even when superficial and made by sharp instruments, often suppurate, and when they are deep it is not worth while to use sutures—they rather increase the supuration and discharge.

*Hydrocele of the Cord, co-existent with Hydrocele of the Tunica Vaginalis Testis.*—This patient had hydrocele of the cord, which Dr. Peace operated upon some weeks since, and he was now exhibited as cured; but the tunica vaginalis, which had also been emptied once before, and which had refilled, was now tapped and injected with tincture of iodine diluted with three parts of alcohol.

*Fistula in Ano.*—The last patient exhibited at this clinic was one who had suffered with *fistula in ano* for some time. Upon examining the anus, the verge was surrounded by the remains of hæmorrhoids. About half an inch from the anus there was a fungous elevation, and upon pressing the end of the probe against it, it yielded and discharged a few drops of pus.

In examining a patient for fistula in ano, the probe should be carefully insinuated in the sinus before introducing the finger into the rectum.

After the finger was introduced, the fistula was pronounced *complete*, because the probe went completely into the rectum and touched the finger.

Dr. Neill then removed the probe, and introduced a director through the fistula and brought out the extremity of it through the anus. The intervening structure between the fistula and the anus is thus laid upon the director. It is the easiest and best mode of operating. One stroke of the bistoury with its back downwards along the groove of the director, instantly divided the parts, and the director fell upon the floor. The wound was to be dressed with oiled lint, until suppuration is established.

Service of Dr. Neill.

APRIL 9.

*Fracture of the Humerus.*—Dr. Neill opened the clinic by introducing several cases of fracture of the humerus in very different conditions, and demanding very different treatment.

The first of these patients was brought in on a bed—a hearty laboring man—who was injured by the wheel of a loaded cart passing over his arm. There was great swelling and discoloration of the skin, showing that the injury to the soft parts had been considerable. The bone was broken in two places, constituting a comminuted fracture. The arm and fore-arm were supported upon a pillow covered with an oil cloth, and the arm was surrounded by a towel soaked in lead water and laudanum.

In recent fractures, where there is much contusion, it is more important at first to take care of the injury done to the soft parts than to adjust the fragments.

No splints nor bandages should be applied until the swelling, heat and tension in some measure subside; therefore, the patient should be placed in bed in order that the parts may be kept at rest until the retentive means can be applied.

The first night after a fracture the patient generally requires an anodyne, and the next morning he should be asked if he has passed his water.

The second was another case of similar injury. In this instance the cart was not loaded, and the contusion not so great; there was no comminution. He was placed in bed, and his arm dressed as the last.

The *third* case was a man whose humerus had been fractured several weeks since, and at the same time he had fracture of the radius and ulna of the same side.

The treatment adopted here was commended as best adapted to fracture of the humerus. It consisted of an internal angular splint, reaching from the axilla to the palm of the hand, and a hollow binder's board splint reaching from the shoulder to the elbow, and encircling and supporting the anterior, external and posterior parts of the arm. A roller is to be applied first from the fingers to the shoulder, but not in this case, as there is a fracture of the forearm.

This apparatus was compared with Desault's, which consists of four small splints, and which does not restrain the motion at the elbow, often a source of displacement and deformity.

The *fourth* and last case of fracture of the humerus was in a female, in whom the surgical neck was fractured. The same apparatus was used in this case, modified in some respects. The hollow paste-board splint is moulded in the form of a cap at the upper end, covering the rotundity of the deltoid, and the axilla often requires to be filled by cotton or by a pad. In this instance there is but little deformity, and the patient is nearly well enough to be discharged. She has been under treatment five weeks.

*Pityriasis Versicolor.*—To study diseases of the skin, we should proceed upon an anatomical basis. Upon examining this patient we notice upon his body circumscribed patches of a mottled appearance, some red and others decidedly brown. There are neither vesicles nor pustules present. Upon closer examination, we find that this is a scaly disease, attended with itching, discoloration and some elevation of the diseased patches. This is pityriasis versicolor—by some termed cloasma, liver spots, or ephelides—and which is often included in the class of maculæ or spots. These different terms are applied not to different diseases, but to the same disease modified, as it often is, by climate, temperature and temperament.

*Treatment.*—An application that is almost magical in its effects is the sulphuret of potassium, of which a wash may be made in the proportion of ʒi. to fʒviii. of water.

*Bubo—Case 1st.*—This patient has an enlargement in the groin, which you may readily perceive is a bubo.

The term bubo is almost invariably associated in your minds with venereal disease; but the first remark that we make upon this subject is, that there are two kinds of bubo, the *venereal* and *non-venereal*. It is very important to be able to distinguish the one from the other, and to do this we must be conver-

sant with the physical, rational and historical symptoms.

In the *symptomatic* or *traumatic bubo* the groin is often swollen from one end to the other; there is a conglomerate enlargement of the inguinal glands. This patient who is laboring under a non-venereal bubo presents these characteristics. Along the course of the groin several of the smaller glands have enlarged.

There are three distinct kinds of the venereal bubo: 1st, the *gonorrhæal*, 2d, the *soft chancre*, and 3d, the *hard chancre bubo*.

The first variety has the characteristics of the traumatic bubo. The second is always consequent upon a non-indurated, and the third upon an indurated chancre. In the second variety one gland at a time is usually involved, and rapidly proceeds on to suppuration. In the last variety numerous glands are involved, which may or may not gradually progress to suppuration, which, when it occurs, is very apt to involve the deep seated glands.

In the present case we open the gland and poultice.

*Case 2d.*—We have here the remains of a bubo—an ulcerated surface. He had a chancre about three years ago, and since that time no secondary symptoms. From the history of the case and the general appearance of the ulcer, we infer that we have here a chronic ulceration that has not a positive connection with the chancre that he once had.

*Case 3d.*—Another bubo, on the left side; great discoloration of the skin, and numerous orifices. Four weeks ago the patient had gonorrhœa; has never had a chancre. This is, therefore, a gonorrhœal bubo.

*Amputation.*—The last joint of the great toe was amputated in consequence of necrosis of the phalanx. The history of this case is interesting. The patient had for several years, upon the under surface of the toe, a wart, as he terms it. On account of the inconvenience arising therefrom, it was frequently treated by caustics, &c. The toe has become much swollen and very tender. In this callosity or wart there is an opening, and upon introducing the probe necrosed bone is at once detected.

After the removal of the phalanx the interior of the joint was found filled with a soft, pulpy, semi-opaque material, similar to the synovial degeneration of larger joints.

Service of Dr. Gerhard.

APRIL 16.

*Gangrene of the Lungs.*—(See Vol. II., p. 55.) The prognosis in this case was favorable, inasmuch as the patient's strength was good, and the gan-

grene circumscribed. He is now convalescing. This is inferred from the physiognomy: his color is better, the respiration is less difficult, the skin is warm and at times moist, the pulse, though still feeble, is more developed than it was a few days ago. At the upper portion of the lower lobe of the left lung, the seat of the gangrene, the respiratory murmur is more distinct. The expectoration is less offensive.

The treatment before mentioned has been steadily pursued; an intercurrent diarrhoea was promptly met by the administration of tannic acid.

In this case there was great loss of strength and diminution of the forces in the economy, and stimulants were in consequence freely resorted to. Of stimulants the best is alcohol in its various forms, and next the carbonate of ammonia; the latter, however, is apt to derange the stomach. If the carbonate of ammonia is selected it should be given, not three times a day, but every two hours; for the effects of the ammoniacal preparation is very transient, and it is necessary to repeat the dose frequently in order to maintain a constant impression.

*Endocarditis.*—(See Vol. II., p. 81.)

*Auscultation.*—Intense bellows sound coincident with the systole of the heart, and a double sound over the semilunar valves. A little above the middle of the heart a slight friction sound, indicating pericarditis.

*Percussion.*—Increased dullness, caused by effusion into the cavity of the pericardium.

*Palpation.*—A rolling movement of the heart is perceived, which, as before explained, is occasioned by the heart being surrounded by the liquid effusion.

*Treatment.*—Pulv. ipecac. et opii, gr. v. twice during the day, and gr. x. at night; tr. digitalis, gtt. v. every two hours.

In acute inflammations of the heart, Dr. G. now prescribes the *tinctura veratri viridis*, in chronic the tr. digitalis.

*Post Mortem.*—The patient from whom the specimen was taken entered the house in a dying condition.

The physical exploration at the time of admission revealed bronchial respiration throughout the left lung, and crepitant rhonchus in both lungs. The diagnosis was evident—pneumonia of the left lung, with congestion of the right lung.

*Liver.*—Congested and has undergone fatty degeneration. As has been frequently remarked, this condition of the liver is very apt to occur in the progress of two diseases, phthisis and the disease drunkenness. It is very remarkable that alcohol, which often exerts such a beneficial influence in consumption, should produce the same lesion of the

liver that is so frequently met with in the tuberculous disease.

*Spleen.*—The peritoneal covering is thickened in consequence of an attack of peritonitis. The organ is enlarged, being about twice the natural size; it is also hard and resisting, the consequence of an old intermittent fever.

*Lungs.*—The right is engorged with blood, and no doubt if the patient had not so soon succumbed to the disease, would have passed into inflammation. The left lung is resisting, and is covered by false membrane, the remains of a pleurisy. On cutting into the lung, it was found that it had passed into the third stage of pneumonia, the whole tissue being infiltrated with pus.

*Heart.*—Hypertrophied; more in degree, however, than extent, the wall of the left ventricle being at least three-fourths of an inch in thickness. There is also roughness and thickening of the mitral valve, together with thickening of the semilunar.

Had this man been brought into the hospital at an earlier stage of the disease, there is not the slightest doubt but that he could have been saved.

Service of Dr. Neill.

APRIL 13.

*Pathological Specimen; Cancer of the Breast.*—

The patient from whom this tumor was removed, presented upon the right breast a hard, circumscribed swelling, one portion of which, however, was inflamed and bulging, as if it were an abscess. The glands of the axilla were not involved, and every thing was favorable to, and indicative of the removal of the growth.

Two elliptical incisions were made through the skin and fascia, and the tumor, with the superjacent tissue loosened from its attachments, not so much by the cutting edge of the knife as by the handle of the scalpel.

Upon cutting into the tumor the cancerous structure was very marked; there was, of course, no cavity; the projection or protrusion before mentioned being but the development of the diseased mass. The entire cancer was very circumscribed, and presented a bold, sweeping outline, as if confined to a lobule of the gland.

Dr. N. remarked, in regard to the advisability of operating in these cases, that though he did not believe that cancer was ever cured by the knife, yet the patient is often relieved; the agonizing, lancinating pain, the exhausting discharge and horrible fetor of open cancer are removed, and in consequence life prolonged.

*Metallic Sutures.*—The young woman who submitted to an amputation of the finger about nine days ago, in consequence of necrosis of the phalangeal



bones, consequent upon a whitlow or periosteal inflammation, has done remarkably well.

The flaps of the wound in this case were united by means of the lead wire. The result in this case has been very favorable indeed. Although such a short time has elapsed since the time of the operation, the cut surfaces have entirely united.

Dr. N. remarked that he intends to give a fair trial to the metallic suture—making use, however, of the silver wire instead of the lead wire.

The wire has all the flexibility of the silk, and is used in the same manner as the ordinary thread, with the single exception that the ends are not tied, but twisted together.

*Fracture of Rib and Pneumonia.*—(See Vol. II., p. 81.) This case was brought before you on a bed one week ago, with flushed face, difficult breathing, rusty sputa, &c. To-day you see him walk into the amphitheatre, with a different expression and appearance.

His cough and expectoration have nearly ceased, but the pneumonic dulness still continues at the lower part and near the seat of fracture. He can now take a longer breath with less pain.

*Treatment.*—Did not consist in bleeding, cupping, mercurializing, purging, etc., but simply in the administration of opium to quiet the nervous excitement. He has been cured, not my medication, but by the efforts of nature alone.

*Wound of the Throat.*—Sometime ago we saw at the hospital a man who had attempted to commit suicide by cutting his throat. He succeeded in cutting the skin and fascia, merely.

At the time the patient came under our notice, Dr. N. remarked, that though this wound was apparently slight, that the man was nevertheless in danger even of his life; he was an intemperate man, and it was possible that delirium tremens was impending. This complication did occur, and the restlessness of the patient was so great that it was deemed necessary to remove the sutures that had been made use of to close the wound. An abscess subsequently formed, and in consequence the patient was in a very precarious condition. He is now convalescing.

*Fractures of the Fibula.*—The position of the fibula and its muscular connections are such that there may be fracture of the upper portion of the fibula without any serious result, but this is not the most frequent seat of the fractures of this bone.

Fractures of the lower end, which are of most frequent occurrence, are generally stated to result in eversion of the foot. In some of the text-books it is taught that this eversion almost uniformly occurs, and that to overcome it a special apparatus is required.

The following cases were brought into the amphitheatre, in order to show what really does and what does not occur. In the first case it was shown that there was no special deformity, and in consequence the apparatus of Dupuytren was not used. This consists of a side splint, well padded, applied to the side opposite the fracture, and then the foot forcibly inverted by means of adhesive strips or bandages.

This patient was placed in the ordinary fracture box made use of in fractures of the tibia.

The *Fracture Box*—to a passing glance appears to be nothing more than a long box, in which the limb is placed to keep it quiet—but if it be studied a little, and its parts separately considered, it will appear in another light. The fracture box consists essentially of two splints, a foot board and of compresses; the essential part of the box is its sides, which are *lateral splints*. The foot board is not the mere bottom of the box, but it is placed there to keep the foot at right angles to the limb, thus preventing eversion or inversion—hence the sole of the foot must be brought down to the board, and not the toes merely, whilst the heel is some two or three inches above. The pillow which is placed in the box fills up the inequalities, acts as a support, and on each side of the limb as lateral compresses—maintaining the parts in apposition and the limb in a comfortable position.

Within the last few days four cases of fracture of the fibula have been admitted into the hospital.

The first that was shown had a punctured wound made by a nail, directly over the seat of the fracture—it is impossible to say whether the fracture is compound or not.

The wound has been carefully closed, and the limb kept wet with lead water and laudanum.

Two other cases of fracture of the fibula were exhibited to confirm the preceding views. One was a drinking man, and has required whiskey and laudanum. The treatment was in other respects the same.

Dr. N. whilst intimating that fracture of the fibula is seldom accompanied by the peculiar deformity above alluded to, by no means would imply that the eversion never occurs.

*Large Phagedenic Bubo.*—A few days since Dr. N. exhibited several kinds of bubo. This is another form. Horrible ravages have followed its suppuration and opening. Ulceration has extended to within five inches of the knee, covering the whole anterior surface of the thigh, and extending from the anterior superior spinous process of the ileum almost to the anus. The primary sore was contracted 18 months ago, was healed long since, and he came here two or three months since. The bubo came, too, after the chancre. He has had no secondary

or tertiary symptoms as yet. Before coming into the Hospital he was twice salivated.

*Why has this bubo spread, and produced such extensive chancreous ulceration?* We believe it to be the result of mercury—often administered recklessly and injuriously in syphilis. Many patients do not require mercury: the weak and scrofulous are always worsted by it. I must caution you against its indiscriminate use. This patient requires iron and quinine and good diet.

In cases like this these are the best anti-syphilitic remedies. The local applications are nitrate of silver and weak solutions of the chloride of zinc.

*Stricture.*—This was the first case of stricture Dr. N. had presented. They might be spasmodic, gonorrhoeal or traumatic. This case was the result of an injury attended with spasmodic contractions. He has had great difficulty in urinating; for many weeks no instrument could be passed. Yesterday he himself passed an elastic catheter.

Traumatic strictures are the most resistant and difficult to cure. The effusion is more dense and irregular. This man was in this house before, and was supposed to be relieved. The contraction will recur if neglected. Dr. N. here showed different kinds of bougies, the mode of using them, and the dangers arising.

Flexible conical bougies are useful at first, but metallic ones are better for promoting subsequent dilatation and absorption.

## Editorial.

### HOSPITAL FOR WOMEN.

MESSRS. EDITORS:—We observe in the REPORTER of the 2d inst. an article calling the attention of the readers of your Journal to the existing necessity for a "Hospital for Women" in this city, and we deem it but due to the public and to the managers of the Charity Hospital of Philadelphia, to state that an institution where special provision is made for women is already established.

The Charity Hospital is in Buttonwood, below Broad street; is in the second year of its existence, and so organized as to admirably supply the want referred to in your Journal. The departments of the institution are divided into specialties, including among them all the diseases to which females are liable, having wards separately appropriated to this class of patients, and placed under the charge of ex-

perienced physicians who devote their attention to the treatment of these cases *exclusively*. This department of the institution is therefore clearly a "Hospital for Women."

Hundreds of females are already resorting thither for advice and medicines, (there being a dispensary attached); several are now in the institution, and many more apply for admission, but for want of funds and room for their accommodation have to be turned away.

F. C. H.

April 21, 1859.

The above communication comes to us anonymously, but the subject of which it treats, is of sufficient interest to save it from the waste paper basket. We could wish that the writer had presented the claims of the Charity Hospital, in even a stronger light than he has done. It is a very worthy enterprise, and we shall always take pleasure in embracing every opportunity to advocate its claims, as well as those of all our eleemosynary institutions to a liberal and hearty support. We shall do this, not only on account of the benefit that will result to the poor, but on account of the advantage it will be to Philadelphia, to present to students as many facilities as possible for the pursuit of practical instruction at the bedside of the sick.

Nor are these the only arguments in favor of such institutions, for they afford the intelligent and worthy physicians who give to them their time and labor, opportunities for perfecting themselves in the study of diseases for the cure of which Philadelphia is a place of resort from all parts of the country by persons who are able and willing to pay liberal fees.

But, there is a great difference between a Woman's Hospital, such as was advocated in our issue of the 2d inst., and the Charity, or any other hospital in our city. That is intended for the *exclusive* accommodation of women, and for the treatment of diseases peculiar to that sex, while the others include within the scope of their operations both sexes. As we remarked before, many women suffer from diseases and accidents peculiar to their sex, who cannot be properly treated at home, for want of the necessary appliances and accommodations, and who from motives of deli-

cacy will not enter the wards of a general hospital for treatment.

There is certainly *room* in this city of 600,000 inhabitants for an institution of the kind proposed, without encroaching in the least on the domain of kindred institutions, having a wider range. And there is certainly sympathy enough for the afflicted in this great city to secure material aid for the benevolent enterprises already in existence, as well as for the one proposed. Let all these institutions present their claims for support, and our word for it, there is benevolence enough in this city to support them all.

The closing paragraph of the communication at the head of this article is a very strong argument in favor of the establishment of a Woman's Hospital, as well as a strong appeal to the public for a liberal support for the particular institution to which it has reference. It is, alas! too true that many women who do apply for admission, are turned from the doors of our public institutions because there are no accommodations for them.

We advocate the establishment of a Woman's Hospital, not simply to afford charitable aid to suffering woman, but as a place of resort for others, for those who would be able and willing to pay a reasonable price for their accommodations, and who, in such an institution would find all the necessary appliances for the treatment of accidents which have made many a woman loathsome to herself and a burden to society—accidents which until within a very few years were regarded as wholly beyond the reach of the art of surgery, but which the light of modern science has demonstrated to be entirely susceptible to treatment, restoring many an unfortunate woman to society, to her family, and to herself. Let it be understood that it is to accidents and diseases that are *peculiar* to woman that a Woman's Hospital is particularly adapted, and for the treatment of which we advocate its establishment.

At the London Hospital for women, more than one thousand women have been relieved of diseases peculiar to the sex during the past year.

## THE COLLEGE OF PHYSICIANS.

We understand that the College of Physicians of this city has purchased a lot on the north-east corner of Thirteenth and Locust streets, on which to erect their Hall.

We believe that the College has already a considerable fund for this purpose. How much more is needed, and how it is expected to be obtained, we are not informed, but we would suggest the *joint stock principle* as the best method of obtaining the necessary funds, and at the same time of interesting the large body of the medical men of this city in the enterprise. If the means are provided by a few wealthy members of the profession, and the many have no *pecuniary* interest in the enterprise, we fear that there will be great danger of the College dwindling down to the dimensions of a Mutual Admiration Society, thus curtailing its influence and narrowing its field of usefulness.

The donation and bequest made in January last by the late Dr. Mütter, will be realized by the College so soon as it shall have erected a fire-proof building, five years being allowed the College, within which time the building must be erected. This secured, and there will be, with the materials which the College already possesses, an excellent foundation for a library and pathological museum.

## QUACKERY.

The following remarks on quackery in Great Britain, we clip from the London correspondence of the *Banner and Advocate*, an excellent religious newspaper, published in Pittsburg, which, however, devotes nearly one-third of its space to advertisements, *about a fourth of these being quack advertisements!* If the principle in law, that "the partaker is as bad as the thief," is a correct one, how can the *Banner and Advocate* and other papers, both religious and secular, escape the imputation of grossly deceiving the public? As badly as quack advertisements appear in secular newspapers, they appear infinitely worse in papers professedly devoted to the cause of religion. The following contains a severe rebuke

to the paper in which it appears, if its conductors would only see it!

"Quacks, as a class, flourish wondrously in this country, as I presume they also do in the United States. They manage to do their business best by advertisements in provincial papers, and thus many victims are secured. The case of 'one huge vagabond' of this class, who wore the varied aliases of Drs. Bennett, Waters, Colston, Singleton, Skinner, and Brand, has recently been before a court of justice. He professed to cure all 'the ills that flesh is heir to,' by wonderful discoveries in Japan, India and other distant climates, in which he had been a patient, having been there 'providentially' cured, before he felt it a duty to become a physician, and to give society the benefit of his discoveries. Poor invalid ladies have thus been plundered, with many others. If the patient felt tired of expending his money in fees to Dr. Waters, (No. 1), he was sure to hear of the yet more wonderful cures performed by Dr. Bennett, (No. 2); and if some £20 additional laid out on Dr. Bennett failed to make the deaf hear and the blind see, by some lucky chance he was introduced to Dr. Colston, (No. 3), 'till,' as the *Press* says, 'the unhappy victim, getting worse in body and poorer in purse, had exhausted the medical resources of these distinguished rascals, and the last hope he had been encouraged to cherish.'

I have myself saved parties, writing to me from the country to make inquiries, from falling into the cruel hands of unscrupulous 'Aurists,' so called. Quackery is indeed a great crime, or, as has been said, 'an aggregate of crimes—the signal punishment of which is alike justice to the quack, protection to society, and a warning to those patrons of empiricism, who innocently but zealously sound their trumpets, and gather victims for their insatiable maws.'"

We have received from Mr. John C. Michels a copy of the *United States Druggists' Directory* for 1859-60. It is a work of 380 pages, and contains the names and places of business of 30,000 wholesale and retail dealers in drugs, paints, oils, medicines, etc., throughout the world. A vast amount of labor has been expended upon it, and it contains a great deal of information that will be useful to the physician and the druggist. We take pleasure in commending it to the notice of our readers.

## Correspondence.

—, April 20, 1859.

### MEERSHAUM CIGAR HOLDERS.

Some eight months since I followed the fashion and provided myself with a *Meershaum* to enhance the enjoyment of my evening cigar. After the holder had become saturated with the oil of the tobacco, I noticed that the side of my tongue, against which the holder was in contact, was continually more or less irritated and sore. This continued for some time, without suspecting that it might be caused by the holder. I ceased using it, and the tenderness of my tongue ceased also; a return to the holder produced a recurrence of the tenderness. A short time since a gentleman came into my office and showed me his tongue denuded of the skin over a space as large as a ten cent piece. He said that the night before he had lighted his cigar attached to the holder, and smoked it slowly, and almost without removing it from his mouth. Upon eating an apple afterwards he felt something rough on his tongue, upon taking hold of which he found that he had removed the cutis. When I saw it, it was much inflamed and painful. I have made inquiry of the smokers who use the holders, and find that many are troubled with sore tongues, though not suspecting the cause.

I am disposed to think that the habitual use of the holder will keep up a more or less continual irritation of the tongue, which in some constitutional conditions would lead to serious consequences. The holder adapts itself to the conformation of the mouth, and is almost uniformly held in the same position. If cancerum oris may arise from the irritation of smoking, and cancer of the tongue from the irritation of decayed teeth and other local irritants, have we not good reason to apprehend that the continued application of an irritant so powerful as the oil of tobacco to so sensitive an organ may develop serious disease, especially in constitutions of a cancerous or otherwise depraved diathesis?

The use of the *Meershaum* is too recent to warrant our laying much evil to its charge, but from what I have observed, I fear that a little more time will show us that it will be safer for those who *must* smoke to return to the old fashioned *stump*.

W.



## Medical News.

The *District Medical Society for the County of Cumberland, New Jersey*, held its annual meeting at Bridgeton, April 19, 1859.

After the usual preliminary business, the delegates to the last meeting of the Medical Society of New Jersey reported a synopsis of their proceedings.

The members of the Society were invited to mention any cases of interest which had occurred in their practice. The only epidemics prevalent in the county during the past winter have been whooping cough and catarrhal affections. Some cases of whooping cough were mentioned as having occurred in adults who had once had the disease—one in a lady aged 85 years, who was sure she had had it at 16. Individual cases were detailed, also, of mumps, rheumatism, testitis, colic from internal strangulation, and some others were specified, seeming to indicate a connection between erysipelas and puerperal peritonitis.

The officers elected for the ensuing year were, for *President*, J. B. Potter; *Vice-President*, B. W. Parker; *Secretary*, W. Elmer; *Treasurer*, E. E. Bateman; *Censors*, W. Elmer, of Cohansey; Geo. Tomlinson, of Stoeck creek; N. R. Newkirk, of Greenwich; E. E. Bateman, of Fairfield.

The delegates selected to attend the meeting of the American Medical Association, at Louisville, were Drs. E. Fithian and N. R. Newkirk, with power to fill vacancies.

Dr. Elmer was appointed Reporter for the year.

The Society adjourned to meet in October next.

W. ELMER, *Secretary*.

*Death from Malignant Inoculation.*—The *European Times* says, a physician residing at Blendecques (Pas-de-Calais) recently lost his life by inoculation from a case of quinsy. He had performed the operation of tracheotomy to rescue a patient, and the tube placed in the wound having become clogged with mucus, he applied his mouth to it and cleared it on the emergency by suction. He soon became afflicted with the disease and died.

The *Medical Times* says: "Scanzoni, of Wurzburg, attended the Empress of Russia in her last confinement, and received for his services £5,000!"

The "*Vestiges of the Natural History of the Creation*" still floats upon the sea of literature with no acknowledged paternity. Since Robert Chambers and others have positively denied being its author, the *London Critic* ascribes it positively to the late Dr. George Combe.

### Delegations from the Philadelphia County Medical Society:

To the American Medical Association, which meets in Louisville, Ky., on Tuesday next—Drs. W. B. Atkinson, J. Bell, D. D. Clark, D. F. Condie, G. Emerson, L. P. Gebhard, N. L. Hatfield, W. Jewell, W. N. Johnson, A. L. Kennedy, J. F. Lamb, R. J. Lewis, S. Littell, W. Mayburry, A. S. McMurray, A. Nebinger, G. W. Russell, R. Q. Shelmerdine, C. Wister, T. H. Yardley.

To the Quarantine and Sanitary Convention, which met in New York on Wednesday last—Drs. J. F. Lamb, B. H. Coates, W. Mayburry, J. H. Smalts, H. St. C. Ash.

The New Medical College in Chicago, in connection with Lind University, has been organized. The curriculum embraces two courses of lectures, a junior and a senior course, as described in a letter from Chicago, in the REPORTER of the 2d inst.

The following is the Faculty: Dr. N. S. Davis, Practice of Medicine; Dr. Johnson, Physiology; Dr. E. Andrews, Surgery; Dr. Isham, Surgical Anatomy; Drs. Rutter and W. H. Byford, Obstetrics; Dr. Mahla, Chemistry; Dr. J. H. Hollister, Descriptive Anatomy. The Chairs of Pathology, Materia Medica and Practical Anatomy are not yet filled.

### MARRIAGES.

NEFF—BADGER.—On the 19th inst., by the Rev. William J. R. Taylor, Dr. Neff, to Louisa, daughter of William Badger, Esq., all of this city.

### DEATHS.

GIGER.—In this city, on the 20th inst., Frederick S. Giger, M. D., in the 39th year of his age.

MUMFORD.—In Snow Hill, Md., on the 20th inst., of phthisis pulmonalis, David E. Mumford, M. D., of Rehoboth, Somerset Co., Md., aged about 28 years.

PHYSICK.—In this city, on the 24th inst., Emile Physick, son of the late Dr. Philip Syng Physick, in the 47th year of his age.

UHLER.—In this city, on the 21st inst., George Uhler, M. D., in the 67th year of his age.

# ADVERTISEMENTS.

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Nos. 5 & 6, cont. 20 Ground Stopper Bottles,	9 50
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Ext. " 11, " 20 1 oz. " " with pockets,	10 25
A. " 11, " 24 1 oz. Fluted Prescription Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Prescription Vials,	7 75
A. " 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
A. " 11, " 24 1 oz. Fluted Vials,	8 75
" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A. " 13, " 20 1 oz. Fluted Vials,	7 75

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No. 9, " 14 " " " "	5 00

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### REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hos-  
pital.  
Henry H. Smith, M. D., Professor of Surgery, University of  
Pennsylvania.  
H. L. Hodge, M. D., Professor of Obstetrics, University of Penn-  
sylvania.  
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical  
College.  
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical  
College.  
S. Littell, M. D., Surgeon Wilt's Hospital.  
E. Hartshorne, M. D., " "  
A. Hewson, M. D., " "  
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.  
R. J. Lewis, M. D., " "  
Isaac Hays, M. D., " "  
P. B. Goddard, M. D. 118